

Minneapolis VA Health Care System

Pharmacy Residency Programs



Minneapolis VA Health Care System
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Minneapolis VAHCS Residency Programs

Thank you for inquiring about the Minneapolis VA Health Care System (MVAHCS) Pharmacy Residency Programs. We are pleased you are considering our program(s) for your professional future! This booklet provides valuable information about our facility, teaching programs, preceptor faculty, and clinical practice experiences for the following residency programs:

- PGY1 - General, established 1963, ASHP-accredited (3 positions)
- PGY1 - Rural Health Program, established 2011, ASHP-accredited (1 position)
- PGY1 - Mental Health Track, established 2012, ASHP-accredited (1 position)
- PGY2 - Psychiatric Pharmacy, established 2013, ASHP-accredited status (1 position)

At the MVAHCS, 100 pharmacists play a vital role in the delivery of patient care; working closely with physicians, nurses and other health care team members to ensure America's Veterans receive the finest care. We pride ourselves in providing an innovative and unique pharmaceutical care program in which all pharmacists participate.

As a resident, you will have the unique opportunity to gain clinical experience in a multitude of settings and practice environments with the opportunity to customize your residency based on your own professional interests. You will be directly involved in providing patient-oriented pharmaceutical care as well as completing projects and being involved in precepting opportunities through our affiliation with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. This residency program is designed to provide you with a comprehensive, well-rounded experience that will build a solid foundation for your future.

We hope you will decide to join us for your residency year at the MVAHCS. We look forward to receiving your application!



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PGY-2 Psychiatric Residency Program
Director
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The VA Health Care System

Veterans Administration (VA) Mission

To fulfill President Lincoln's promise: "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

About the Veterans Health Administration (VHA)

The Veterans Health Administration is home to the United States' largest integrated health care system consisting of 150 medical centers, nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries. Together these health care facilities, and the more than 53,000 independent licensed health care practitioners who work within them, provide comprehensive care to more than 8.3 million Veterans each year.

VHA Mission

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

VHA Vision

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in national emergencies.

Core Values (I.C.A.R.E)

Integrity: Act with high moral principle.

Commitment: Work diligently to serve veterans and other beneficiaries.

Advocacy: Be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries.

Respect: Treat all those I serve and with whom I work with dignity and respect.

Excellence: Strive for the highest quality and continuous improvement.

Minneapolis VA Health Care System

The MVAHCS is a teaching facility which operates approximately 273 acute care beds as well as 104 long term care beds through the Community Living Center. In addition to offering primary, extended, and specialty care, Minneapolis operates community based outpatient clinics (CBOCs) such as Rice Lake & Hayward CBOC. Pharmacy Service at Minneapolis is affiliated with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. The MVAHCS is institutionally affiliated with University of Minnesota, School of Medicine.

The MVAHCS is part of the VA Midwest Health Care Network, also known as Veterans Integrated Service Network (VISN) 23. VISN 23 serves more than 430,000 enrolled veterans, and delivers health care services through 8 hospitals, 63 community based outpatient or outreach clinics, 8 community living centers and 4 domiciliary residential rehabilitation treatment programs. The Network employs over 12,500 full-time employees and has an annual operating budget in excess of \$2.5 billion. MVAHCS is one of the ten largest VA medical centers in the country, serving more than 100,000 veterans in a six-state area of the upper Midwest. Our facility is a teaching hospital providing a full range of patient care services with state-of-the-art technology, educational resources, and research. Comprehensive health care is provided through primary care, specialty care, and long-term care in areas of medicine, surgery, psychiatry, neurology, oncology, and geriatrics.



Applying to MVAHCS Pharmacy Residency

Requirements and Eligibility

1. Be registered with ASHP Resident Matching Program
2. Doctor of Pharmacy Degree from an ACPE accredited school of pharmacy
3. United States Citizenship
4. Pharmacy licensure or test-eligible

Application Process

1. All application materials must be submitted through the Pharmacy Online Residency Centralized Application Service (PhORCAS), plus required supplemental materials as follows:

a. **Letter of Intent:** For PGY-1 residency positions, please specify which residency you would like to apply for; the PGY-1 general residency based at the Minneapolis VA Health Care System, the PGY-1 residency with a focus in mental health or the PGY-1 Rural Health/Ambulatory Care residency based at the Rice Lake, WI clinic (or all). If interested in two or more positions, please submit a separate application for each program.

b. **Essay (PGY-1 program only):** In 500 total words or less please describe the following: Describe the situation you learned most from in pharmacy school and how it helped you prepare for residency. (Examples: a class, a subject, a patient, a situation, a paper, an organization, a trip, a meeting or a project).

c. **Example of Written Work (PGY-2 program only):** One (1) example of written work from PGY-1 residency. Examples of written work may include a drug information response or a completed pharmacy consult (with patient identifiers removed).

2. References: We require applicants to submit **3 references**. References should be submitted through the PHORCAS Standardized Reference form. We prefer references submit "free text" comments formatted similar to a traditional Letter of Recommendation in this PhORCAS form.

3. Submit the required application materials through the Pharmacy Online Residency Centralized Application Service (PhORCAS) on **January 5**. The PhORCAS website is available at <http://www.ashp.org/phorcas> or <https://portal.phorcas.org/>.

Overview of Pharmacy Services, cont.

Pharmacy services at the MVAHCS are available 24 hours a day, seven days a week. Pharmacists at MVAHCS work with patients, health care team members and trainees in all areas of the medical center in order to ensure safe, effective, and cost effective medication therapy.

Pharmacists ensure safe and efficient medication preparation, while distribution is carried out primarily by pharmacy technicians and automation.

Ambulatory Care Clinical Pharmacy

Ambulatory Care pharmacists work as part of the Patient Aligned Care Team (PACT), an interprofessional team that provides patient-driven, proactive, personalized, team-based care oriented toward wellness and disease prevention resulting in improvements in Veteran satisfaction, improved healthcare outcomes and costs. The PACT model is built on the well-known concept of the patient centered medical home staffed by high-functioning teams.

I. Independent Scope of Practice

- Pharmacists have an independent scope of practice to initiate, modify, discontinue medications to assist with access to care and care coordination

II. Role of pharmacy in PACT team

- Population health strategies to maximize patient outcomes for high risk patients (i.e. defined as 10 or more medications, patients taking high risk medications (e.g. insulin, opioids, digoxin, methotrexate, anticonvulsants), patients with adherence issues)
- Serve as a vital component to PACT team – meetings to identify high risk patients and assist with systems redesign opportunities

III. Formulary management and prior authorization requests

IV. Monitoring

- Monitoring for optimal patient response to therapy (pharmacologic & non-pharmacologic), including maximized outcomes and managing adverse events.

V. Drug information services

VI. Patient Education

- Provision of patient education about disease states, medications, and the medication process (e.g. refills, medication costs, etc.)
- Shared Medical Appointments: education and medication adjustment for nicotine replacement, diabetes, hypertension, and cholesterol medications

VII. Educational services

- Journal clubs, continuing education lectures, and in-services
- Precepting of students and residents

Overview of Pharmacy Services, cont.

Inpatient Clinical Pharmacy

The hospital pharmacy is open 24 hours a day, seven days a week. Inpatient services are provided through a decentralized service on day shifts and evening shifts. On nights, a centralized pharmacy service is provided. Inpatient distribution services include unit dose and IV admixture services.

I. Inpatient Medication Process

- Review and verification of prescriptions entered through Computerized Prescriber Order Entry (CPOE)
- Supply of unit dose and IV medications with a barcode for the barcode administration system (BCMA)
- Clarification of unclear or incomplete orders
- Assignment of administration time
- Provision of appropriate administration warnings, incompatibility information, and alerts
- Drug distribution, security and control
- Clinical review of medications for allergies and interactions, interaction monitoring, and associated interventions
- Adherence to drug policies including formulary management and therapeutic exchange
- Documentation of admission medication histories
- Provision of medication education and medication lists upon discharge
- Response to drug inquiries from other health care professionals in regards to drug selection, administration, etc.

I. Therapeutic Drug Monitoring

- Pharmacokinetic dosing and monitoring (e.g. vancomycin, gentamicin, heparin etc.)
- Renal dosing of medications
- Ordering and interpreting necessary labs as part of drug monitoring

II. Drug Distribution

- Medications are dispensed via Pyxis®, a unit dose system.
- In most areas of the hospital, medications are distributed with a barcode to be scanned as part of the barcode medication administration system (BCMA)

III. Sterile products

- Sterile products, including chemotherapy, are prepared in a ready-to-administer form in compliance with all relevant USP 797 standards

IV. Narcotic control

- Monitoring and assessment of controlled drug inventories
- Distribution and delivery of controlled medications
- Surveillance activities to deter diversion

Overview of Pharmacy Services, cont.

Inpatient Clinical Pharmacy, cont.

V. Extemporaneous and bulk compounding and prepackaging

VI. Drug Information Services

VII. Clinical programs

- Development of a drug formularies
- Medication use evaluations
- Review and development of order sets
- Technology assessment
- Monitoring of medication errors and interventions
- Adverse drug event surveillance

VIII. Educational services

- Journal clubs, continuing education lectures, and in-services
- Patient counseling
- Precepting of students and residents

Overview of Pharmacy Services, cont.

Outpatient Clinical Pharmacy

Outpatient pharmacy is open from Monday through Friday 8:00 am to 9:00 pm. On weekends and holidays the outpatient pharmacy operates from 9:30 am to 4:30 pm. Veterans are able to call 1-855-560-1721 for a 24-hour refill line. The outpatient pharmacy works in conjunction with our Centralized Mail Outpatient Pharmacy (CMOP) to fill prescriptions in a safe and efficient manner.

I. Outpatient Medication Process

- Review and verification of new prescriptions through a Computerized Prescriber Order Entry (CPOE) process
 - Approximately 2500 prescriptions are verified daily
- Clarification of unclear or incomplete orders
- Clinical review of medications for allergies and interactions
- Adherence to drug policies including formulary management and therapeutic exchange
- Renew appropriate maintenance prescriptions for patients for up to 90 days beyond an upcoming appointment per policy
- Assess appropriateness of emergency contraception per policy and provide patient education
- Provision of medications including new prescriptions and refills
- Utilize automatic dispensing equipment (ScriptPro®) with barcoding technology to maximize safety and efficiency in dispensing processes

II. Distribution Services

- Approximately 800-1200 prescriptions are filled locally each week day
- A total of approximately 5500 prescriptions filled per day with local fills and CMOP combined

III. Patient Education

- Education and counseling on medications and the medication process at time of dispensing
- Classroom education provided to patients: DM Meter Education, Insulin Administration, 1 hour "Medications and Weight Control" class via MOVE (2 week intensive weight-loss program)

IV. Narcotic control

- Monitoring and assessment of controlled drug inventories
- Dispensing of controlled medications
- Surveillance activities to deter diversion
- Responsible for inventory, ordering and dispensing methadone for the Opioid Treatment Program

V. Educational services

- Journal clubs, continuing education lectures, and in-services
- Precepting of students and residents

PGY-1 Residency Overview

Program Overview

This post-graduate year one (PGY-1) Pharmacy Residency program is one of the first accredited residency programs with over 50 years of continuous accreditation by the American Society of Health-System Pharmacists (ASHP). This program provides a comprehensive year of education and experience with an emphasis on direct pharmaceutical care. Core rotations offer a variety of experiences working in both inpatient and ambulatory care settings.

	PGY-1 General Pharmacy	PGY-1 Mental Health Focus	PGY-1 Rural Health Focus
Number of Positions	3	1	1
Required Rotations	<ul style="list-style-type: none"> -Administration (6 weeks) -Ambulatory Care (10 weeks) -Cardiology (4 weeks) -Critical Care (5 weeks) -Geriatrics (5 weeks) -Internal Medicine (4 weeks) -Orientation (7 weeks) 	Same as PGY-1 General Pharmacy	<ul style="list-style-type: none"> -Administration (6 weeks) -Anticoagulation (4 weeks) -Primary Care <ul style="list-style-type: none"> *Rural Health (18 weeks) *Home Based (5 weeks) -Women's Health (5 weeks)
Longitudinal Rotations	<ul style="list-style-type: none"> -Project Management (11 months) <ul style="list-style-type: none"> -Drug Information Service -CE Presentations -Medication Use Evaluation -Research Project -P&T Participation -Staffing (weekend and weeknights) (11 months) -Primary Care Patient Panel (10 months) 	Same as PGY-1 General Pharmacy	Same as PGY-1 General Pharmacy except for staffing <ul style="list-style-type: none"> -Outpatient Staffing (3 weeks)
ASHP Code	63101	63101	63101
NMS Code	190813	190821	198913

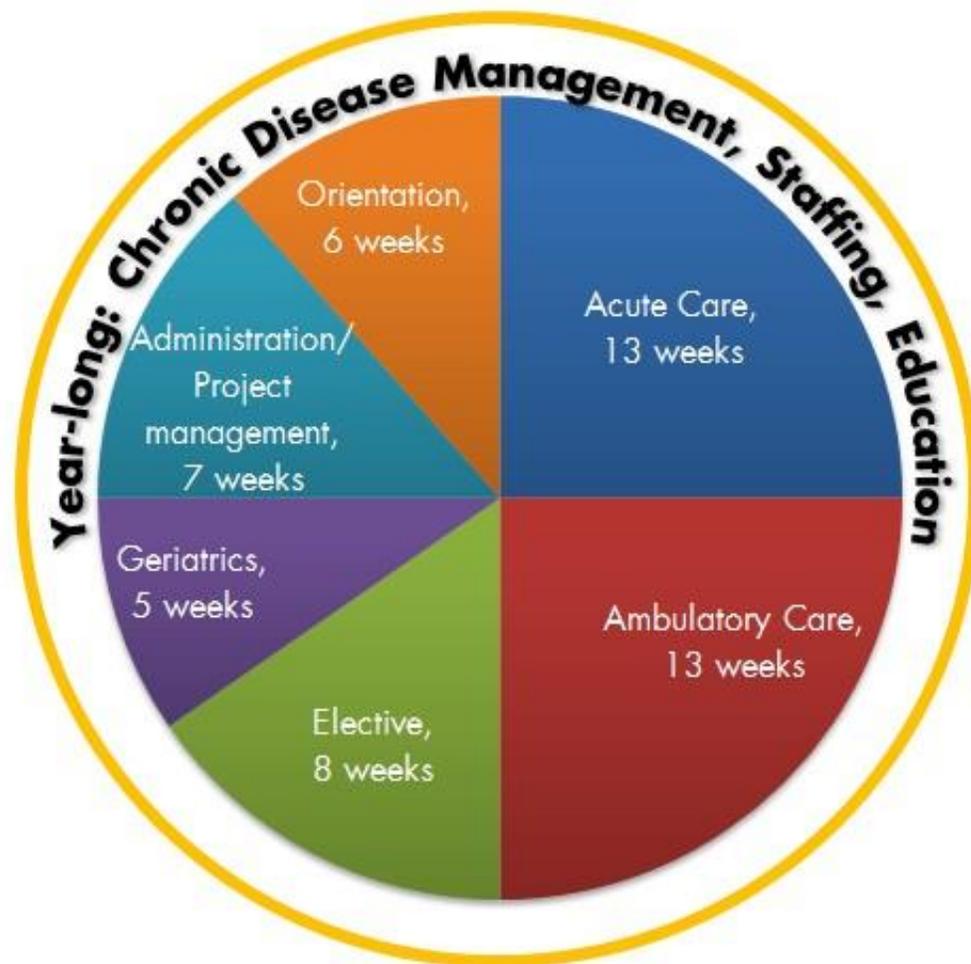
Benefits/Stipend

Residents are eligible for health and life insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line. The annual stipend for all PGY-1 programs is \$43,668. Residents may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend.

PGY-1 Residency - General & Mental Health

Residency Schedule Yearly Breakdown

Please keep in mind that the weekly breakdown presented here is an estimate and subject to adjustments from year to year.



Available Electives

- Must choose one from the following two longitudinal electives:
 - Geriatric Research, Education and Clinical Center (GRECC)
 - Interprofessional Education with Serious Mental Illness team
- Amb Care Specialty, Anticoagulation, Antimicrobial Stewardship, Informatics, Oncology, Pain Management, Inpatient Psychiatry, Serious Mental Illness- Outpatient, Traumatic Brain Injury/Rehabilitation/Polytrauma, Women's Health
- Advanced Rotations in Core Experiences: Ambulatory Care, ICU, Internal Medicine

PGY-1 - Ambulatory/Rural Health

Program Overview

This post-graduate year one (PGY-1) Pharmacy Residency program in a Rural Health/Ambulatory Care setting, accredited by the American Society of Health-System Pharmacists (ASHP), provides a comprehensive year of education and experience with an emphasis on direct pharmaceutical care. Core rotations offer a variety of experiences in ambulatory care settings at both the Minneapolis VA Medical Center and the Rice Lake Community Based Outpatient Clinic (CBOC) for 21 total weeks. Housing in Rice Lake, WI is supported as part of this program.

Purpose

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. About 41% of Veterans enrolled in the VA Health Care System live in rural or highly rural areas of the country. Veterans from geographically rural areas make up a disproportionate share of service members.

Residency Specifics & Duties

- Time split between Rice Lake, WI CBOC and Minneapolis VA Medical Center
- Emphasis on ambulatory care in a rural setting for primary and specialty care
- Chronic disease management
- Medication therapy management
- Patient counseling
- Diabetes education
- Telehealth education

Experience

- Rural Health Based Curriculum
- Diverse opportunities in patient care - Pain, Dialysis, Rheumatology
- Rotations in women's health and home-based primary care
- In-services, journal club, CE presentations, Drug information service
- Precepting & mentoring pharmacy students
- Participation in the Pharmacy and Therapeutics Committee
- Plan, design, and perform one major residency project
- Multiple additional electives available (8 weeks)

Rice Lake, WI

Conveniently located 106 miles NE of MVAHCS. With a population of 8,441, it is the home to two colleges and a home for avid outdoor enthusiasts. Multiple recreation leagues including indoor volleyball and curling. Shopping mall, restaurants, and a fitness center are located ~0.5 miles from clinic. Over 60 km of skiing/mountain biking trails and more than 150 miles of ATV and snowmobile trails within 15 minutes of clinic. There are seven golf courses and abundant lake country ideal for fishing and water sports year round.

PGY-2 - Psychiatric Pharmacy

Program Overview

The purpose of this PGY-2 psychiatric pharmacy residency program is to produce a psychiatric pharmacist who functions as a practice leader, and focuses on patient centered care through interdisciplinary team development, education, and medication therapy optimization. Although experiences are offered across a variety of care settings, graduates of the MVAHCS psychiatric care residency program will be highly qualified independent practitioners able to excel at providing adult ambulatory care psychiatric services.

ASHP Code: 63025

NMS Code: 690666

Experience

Required Rotations

- Outpatient Psychiatry
- Inpatient Psychiatry

Required Longitudinal Rotations

- Outpatient Psychiatry, Serious Mental Illness Team—Interprofessional Experience
- Outpatient Psychiatry, Geriatric Psychiatry
- Practice Management
- Research & Project Management
- Chief Resident

Elective Rotations

- Addiction Recovery Services
- Mental Health Intake & Emergency Department
- Inpatient Mental Health Traumatic Brain Injury & Stroke
- Pain Management
- Partial Psychiatric Hospitalization (PPH)
- PTSD outpatient clinic
- Transgender consults

Benefits/Stipend

The PGY-2 annual stipend is \$47,307. The resident may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health and life insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line.

PGY-2 - Psychiatric Pharmacy

Mental Health Services

The MVAHCS is dedicated to providing comprehensive psychiatric care. Services span a variety of settings, including a 24-bed locked inpatient psychiatric unit, partial hospitalization, intensive outpatient programming, intensive case management services, programming for the homeless, and general outpatient services (locally and across all of the community-based outpatient clinics). Additionally, outpatient specialty teams exist for Serious Mental Illness, PTSD, Addictive Disorders, Geriatric Psychiatry, Mood Disorders, and Gender Dysmorphic Disorder.

Serious Mental Illness (SMI) Team

The SMI team is a multidisciplinary team that provides specialty mental health care to approximately 800 veterans with serious mental illness. The team also consults throughout the facility and offers services to veterans from other mental health teams. The SMI team's approach is client-centered with an emphasis on recovery-based interventions, providing a full range of coordinated mental health services for veterans and their family members.

Trainees will be actively involved in the SMI team, having their own caseload of clients to follow. Faculty will encourage active participation by all trainees to facilitate regular dialogue between professions and incorporate multiple perspectives into care decisions, emphasizing the shared decision making process among clinicians as well as with veterans. Projects will require trainees to manage project scope, optimize collaboration, and facilitate organizational change. SMI team members are located in the same clinic area and readily have access to one another.

March 23, 2015

M-18

Pharmacy Service Policy and Procedure Manual

SUBJECT: Postgraduate Pharmacy Residency professional, family, sick, and extended absence and leave

1.0 PURPOSE: To outline departmental policy for Pharmacy Resident absence and leave.

2.0 POLICY: Absence and leave will be administered on a uniform and equitable basis consistent with Minneapolis VAHCS policy (Policy # HR-07D), appropriate laws, regulations, and related requirements. Pharmacy resident preference shall be given consideration. Residents are encouraged to use their annual leave for rest and relaxation

3.0 PROCEDURE:

- Electronic Time and Attendance (ETA) is the computer program for requesting and approving leave.
- Refer to the attachment for detailed information on leave, excused absence, maternity, paternity, adoption, Family and Medical Leave Act, Family Friendly Leave Act and the Voluntary Leave Transfer Program. Actions that violate this policy may be grounds for disciplinary action up to and including removal from VA Residency program.

4.0 RESPONSIBILITIES:

A. Residents are responsible for observing leave and excused absence policies and regulations which affect them personally, including:

1. Being at their post of duty during official duty hours unless on approved leave or excused absence without charge to leave.
2. Observing the time and attendance policies and procedures and using leave for the purpose for which it is intended.
3. Requesting prior approval for annual leave and prior approval for sick leave for a medical, dental or optical examination or treatment when possible
 - a. When advanced leave is requested, the request must be submitted to the Residency Program Director. If possible, a verbal and electronic mail message is requested.
 - b. If approved by Program Director, the electronic mail is forwarded to the timekeeper and Chief, Pharmacy Services for official approval.
 - c. The request will then be entered into the ETA option.
 - d. Leave is charged in 15 minute increments.
4. Making timely reports of absences not previously approved. Reporting, or having a responsible person report, incapacitation for duty as early as practicable. Generally this will be at the beginning of the tour of duty but not later than two hours thereafter, unless mitigating circumstances exist. If Occupational Health or your personal health provider determines that you are incapacitated for work, you must communicate this with the Residency Program Director by providing the medical certification (if requested) and request leave to cover the period of incapacitation.
 - a. To be called in to the Program Director who will then inform the timekeeper via email. If the Program Director is not available a Pharmacy supervisor will be contacted.
 - b. Requests through ETA must be made upon return to duty.
5. Informing Program Director if reason for incapacitation for duty is a contagious illness so the health of coworkers can be monitored; and providing medical clearance for return to duty.

6. Submitting accurate statements about absences, applications for and use of sick leave; transferred leave; family and medical leave; and furnishing medical certificates when required, e.g., when absence is for more than three consecutive workdays and when an employee is on medical certification. Completing requests through ETA, or if needed, on an OPM-71 form.
7. Having accrued sufficient leave to cover approved requests when they occur.

B. Supervisors (Residency Program Director) are responsible for administering the absence and leave policies and regulations on a uniform and equitable basis, to the extent delegated in the attachment. This includes:

1. That pharmacy residents are trained in proper use of leave, kept informed on leave matters and of the name or title of the leave-approving supervisor and time-keeper.
 - a. When pre-planned leave is requested, the request must be submitted to the Residency Program Director. If possible, a verbal and electronic mail message is requested. The preceptor of the current rotation should be informed by the pharmacy resident of days the pharmacy resident will be on leave.
 - b. If approved, the electronic mail is forwarded to the time-keeper and Chief, Pharmacy Services for official approval.
2. Acting promptly on requests for leave and determining the necessity for or acceptability of sick leave medical certificates.
3. Maintaining control over attendance, leave and excused absence. Determining whether an employee's absence from regular duties constitutes official duty, approved leave, excused absence without charge to leave, or absence without leave, and ensuring that the unit timekeeper is promptly notified of all leave requests.
4. Consulting with HRM for advice concerning, and interpretation of, leave regulations.

C. Human Resources Management is responsible for the general administration of the leave program. This includes interpreting leave policies and regulations for operating officials, and providing for employee orientation on leave provisions and supervisory training in leave administration.

E. Timekeepers (Pharmacy Program Assistant(s)) are responsible for:

1. Posting attendance and leave information daily.
2. Prompt attention to and corrections of errors on time cards.
3. Obtaining employees' certification of leave and absences or having an OPM 71 on file.
4. Ensuring completeness prior to certification by leave approval officials.
5. Posting, or having employees post, necessary remarks for FFLA, FMLA, and use of leave in lieu of another leave category (e.g., AL or SL), OWCP, or AA. Posting correct codes for AWOL, jury duty, suspension, etc.
6. Sending the certified time cards to Payroll by 9:00 AM on the second Friday morning of the pay period.
7. Notifying HRM as soon as it becomes known that an employee has been or will be in a non-pay status for seven consecutive days or more.
8. Maintaining a record of leave for employees with marginal leave balances (e.g., balance of 80 hours or less) in order to prevent overdrawn leave.

5. REFERENCES: Minneapolis VAMC Policy # HR-07D, Absence and Leave, 5 U.S.C. Chapter 63; 5 CFR Part 630; VA Handbook 5011 Part III; MP-6, Part V, Supplement 2.2; Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees; Negotiated Agreements between the Minneapolis VA Medical Center and AFGE 1969 and 3669.

MVAHCS Residency Policies (M-18, M-21) & Requirements to Successfully Complete PGY1

6. RELATED POLICIES: Fair Labor Standards Act #HR-02; Tours of Duty #HR-05; Compressed Work Schedules #HR-06; Overtime #HR-08; Limited Duty #HR-09; Weather and/or Other Emergency Situations #HR-20; and Time and Attendance for Physicians, Dentists and Podiatrists #HR-23.

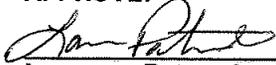
7. RESCISSION DATE: March, 2017

8. FOLLOW-UP RESPONSIBILITY: Clinical Pharmacy Program Manager/Residency Program Director

ATTACHMENT:

A. Reference Sheet for Approving Authorities, Appropriate Uses for Leave and Leave Programs

APPROVE:



Lawrence Patnaude
Chief, Pharmacy Service

3/23/15
DATE

MVAHCS Residency Policies (M-18, M-21) & Requirements to Successfully Complete PGY1

Attachment A: Reference Sheet for Residents and Leave

TYPE OF LEAVE	EXPLANATION	APPROVING AUTHORITY	REQUIREMENTS for LEAVE REQUEST
Annual Leave - Accrued		Program director	E-mail request to RPD and ETA request for timekeeper
Sick Leave – Accrued		Program director	Phone call notification to RPD Followed by ETA request (medical certification may be required if absence is greater than three consecutive days)
Sick Leave under Family Friendly Leave Act (FFLA) also referred to as Federal Employees FFLA (FEFFLA)	Use of sick leave to bereave or care for an ill family member, transport family members to medical appointments, etc. Contact HRM - for limits	Program director (Must be tracked by Chief, Pharmacy Service)	ETA (CB code) must include relationship and situation under <i>Remark</i>
Leave without Pay (LWOP) not to exceed 30 calendar days	Expectations are for 1 year commitment or 2080 hours but not to exceed 90 days past 1 year. If residency goals, objectives and requirements are all met and the need for LWOP encompasses difficult circumstances, consideration will be given to granting certificate. If residency goals, objectives and requirements are not met, make up time will be pursued with Human Resources. If unable to make up time and thereby fail to meet Residency goals/objectives, Minneapolis VA maintains the right to withhold program certificate.	Case by Case basis between RPD, Chief, Pharmacy, and Human Resources. The Residency Advisory Board will also be involved	ETA with full explanation; Medical certificate may be required if leave is for health reasons
Leave without Pay (LWOP) in excess of 30 calendar days	Not typically allowed in Residency. Expectations are for 1 year commitment or 2080 hours but not to exceed 90 days past 1 year. If the needs for LWOP encompass	Case by Case basis between RPD, Chief, Pharmacy, Human Resources and OAA. The Residency Advisory Board will also be involved	SF 52, OPM 71, medical cert (if reason for request) and memo of request with recommendations from all levels of supervision up to

MVAHCS Residency Policies (M-18, M-21) & Requirements to Successfully Complete PGY1

	difficult circumstances, consideration will be given to allow making up of time up to 90 days in order to achieve attainment of all residency goals, objectives, and requirements and the granting of certificate. This will need to be approved by Human Resources. Resident stipend for the extended time is dependent on OAA funding. If residency goals, objectives and requirements are not all met and unable to make up time, Minneapolis VA maintains the right to withhold program certificate.		and including Department/SL Director
Advanced Annual Leave	Pharmacy does not allow this	NA	NA
Advanced Sick Leave –	Pharmacy does not allow this	NA	NA
Unusual/inclement weather or other emergency (up to one hour)		RPD (more than one hour requires Medical Center Director approval)	AA is the code for ETA Remark giving specific reason
Training/Conference/ Education off-station		RPD	AA is the code for ETA Remark giving specific reason

An employee may be given authorized absence without charge to leave when:

- 1) The activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, or
- 2) The activity will clearly enhance an employee's ability to perform the duties of the position presently occupied or may be expected to prospectively occupy, or
- 3) The basis for excusing the employee is fairly consistent with prevailing practices of other Federal establishments in the area concerning the same or similar activities.

ABSENCE WITHOUT LEAVE (AWOL)

Absence without leave (AWOL) is an unauthorized absence from duty including leave that is not approved until required documentation is submitted, or for which a leave request has been denied.

The employee receives no pay for such absence. The leave-approving official should document the reason/s for charging absence to AWOL at the time the decision is made. The employee should be informed about the charge to AWOL and provided copies of any documentation. Neither the denial of leave nor the reporting of AWOL is punitive. It may be the basis of counseling and may result in disciplinary action. It is not, in itself, a disciplinary action.

If AWOL is later excused because the circumstances surrounding the absence are such that the absence would have been approved, the charge should be changed to authorized absence without charge to leave if appropriate, or to sick or annual leave, or LWOP as appropriate. Contact HRM concerning any issues and further details regarding this program

March 23, 2015

M-21

Pharmacy Service Policy and Procedure Manual

SUBJECT: Discipline and/or Dismissal of a Pharmacy Resident from the Pharmacy Residency Program at the Minneapolis VA Health Care System

1. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for correcting unacceptable behavior and/or unsatisfactory performance in the workplace or while conducting official government business (i.e. while on travel). This policy also sets forth procedures for dismissal from the program.
2. **POLICY:** The Chief, Pharmacy Service, Resident Program Director, and Residency Preceptors (Residency Advisory Committee) will review reports of unacceptable behavior or unsatisfactory performance. Based on the results of this official review and severity of infraction, a pharmacy resident may be provided verbal counseling with documentation, written counseling, or be dismissed from the program.
3. **PROCEDURE:**
 - A. Pharmacy Residents
 - a. Pharmacy residents are responsible for understanding and following all rules of conduct of the Pharmacy Residency Program that are outlined in this policy while in the workplace or conducting official government business (i.e. while on travel).
 - b. Pharmacy residents must adhere to rules and policies of the Veteran Affairs Administration and the Minneapolis VA Health Care System.
 - c. Pharmacy residents are expected to conduct themselves in a professional manner at all times; demonstrate a high level of integrity and honesty in dealing with colleagues, supervisors, patients, and other staff; and project an image of respectability and trustworthiness.
 - d. In the event of disciplinary action, the resident has the right to address the Residency Advisory Committee either in person or in writing.
 - B. Pharmacy Residency Preceptors:
 - a. Inform pharmacy resident of behavior or conduct that is considered inappropriate and/or does not meet departmental standards. Preceptors are to provide corrective counseling with the goal of resident improvement.
 - b. Inform pharmacy resident of performance that is unacceptable and provide corrective counseling with goal of resident improvement.
 - c. Inform Residency Program Director when pharmacy resident behavior/professional conduct has been inappropriate and/or does not meet departmental standards.
 - d. Inform the Residency Program Director when pharmacy resident performance is determined to be unacceptable to the standards of a pharmacy resident.

- C. Pharmacy Residency Program Director:
 - a. Inform the pharmacy resident of the contents of this policy and potential implications.
 - b. If issues arise, inform pharmacy resident of any perceived unacceptable behavior/professional conduct or unacceptable performance.
 - c. Based on the severity of unacceptable behavior, counsel and allow the pharmacy resident to correct such behavior and bring performance to an acceptable level.
 - d. Inform the pharmacy resident when performance is lacking and program managers and/or preceptors feel this may contribute to patient risk.
 - e. Respond to and document the seriousness of the pharmacy resident's conduct or performance when the pharmacy resident fails to respond to corrective counseling.
 - f. Inform the Chief of Pharmacy for informational purposes.

- D. Residency Advisory Committee:
 - a. Should the pharmacy resident fail to correct inappropriate behavior or conduct or improve performance after receiving counseling from the Residency Program Director and preceptors, the Residency Program Director then forwards the ongoing concern to the Residency Advisory Committee.
 - i. The overall emphasis and goal of all disciplinary action is the correction and/or improvement of resident behavior or performance.
 - ii. If an infraction is considered egregious or severe, the Residency Program Director will forward this to the Residency Advisory Committee for immediate consideration for action without allowing the resident time to improve.
 - b. The Residency Advisory Committee consists of the Director of Pharmacy, Residency Program Managers and representative group of Residency Preceptors. For residency disciplinary proceedings, the inpatient and outpatient pharmacy supervisors and other relevant staff will be invited.
 - c. The Residency Advisory Committee will meet to review concerns and investigate the matter further. The Residency Advisory Committee will recommend appropriate actions to the Residency Program Director and Chief of Pharmacy. Appropriate action based on violation may include any of the following with documentation in pharmacy residents file:
 - i. additional verbal counseling, remedial advice, coursework, or other training for resident improvement.
 - ii. written warning, counseling with remedial advice, coursework, or other training to improve
 - iii. adjustment of resident schedule (re-training, repeat learning experience)
 - iv. dismissal from the program.
 - d. If action merits dismissal from the program, Human Resources Service will be consulted and involved.

- E. Types of violations: Violations may be classified as minor, major or critical and are defined below. Disciplinary measures for unacceptable behavior, conduct or performance that is not listed below will be determined by the Residency Program Director and Residency Advisory Committee.
 - a. Minor Violations: – results in a verbal counseling for the first offense with documentation; the following are specific examples:
 - i. Dishonest behavior, deliberately lying.
 - ii. One episode of failure or refusal to perform assigned duties.

MVAHCS Residency Policies (M-18, M-21) & Requirements to Successfully Complete PGY1

- iii. Engaging in activity detrimental to the operations of the medical center.
 - iv. Rude or discourteous behavior.
 - v. Unauthorized or inappropriate use of telephone, computer, e-mail, or other office/business equipment.
 - vi. Failure to call in an absence or tardiness according to departmental procedures.
 - vii. Unauthorized absence from an assigned work area (includes repetitive tardiness).
 - viii. Negligent use of property resulting in damage or loss.
 - ix. Failure to follow proper standards relating to personal hygiene and grooming.
 - x. Presence in an unauthorized area.
 - xi. Inability to make satisfactory progress in achieving required goals and objectives associated with residency.
 - xii. A professional license must be provided as soon as possible to pharmacy and Human Resources. VetPro requirements (proof of licensure must be met). Failure to produce professional license in a timely manner; prior to July 31st of resident year.
- b. Major Violations - results in a written counseling for the first offense and potentially early dismissal for repeated violations; the following are specific examples:
- i. Repetitive failure or refusal to perform assigned duties or engaging in any activity detrimental to the operations of the medical center.
 - ii. Use of profane or abusive language.
 - iii. Engaging in any behaviors or activities that are disruptive to the operations of the medical center and/or creates a work environment that is disruptive.
 - iv. Violation of posted safety, security, health, or fire prevention rules, or otherwise causing a safety hazard.
 - v. Sleeping while on duty, or hiding with the obvious intent of sleeping while on duty.
 - vi. Harassment/discrimination including advances, verbal, sexual, and/or physical conduct, with regard to all applicable laws covering the medical center's EEO policies, when submission or rejection of such harassment is used as a basis for employment decisions, or where harassment has the purpose or effect of interfering with an employee's work performance or creating an intimidating, hostile or offensive work environment.
 - vii. Reporting to work while under the influence of any intoxicant, hallucinogenic, or narcotic.
 - viii. Unauthorized use of property.
 - ix. Smoking in non-designated areas.
 - x. Continued inability to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.
- c. Critical – can warrant immediate early dismissal on first offense per decision of Residency Program Director, Residency Advisory Committee or Chief of Pharmacy. The following are specific examples of violations that would be considered as critical:
- i. Deliberate inattention to patient care, or engaging in any conduct detrimental to patient care (including patient abuse).
 - ii. Fighting, issuing threats or verbal abuse, or other disorderly conduct on the premises, or while engaged in official government business.

MVAHCS Residency Policies (M-18, M-21) & Requirements to Successfully Complete PGY1

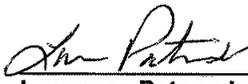
- iii. Violation of security access – patient information policy or deliberately releasing confidential information covering medical center business, patient information, employee information, etc.
- iv. Violation of the medical center policy by falsifying information, records or documents.
- v. Unauthorized possession of a firearm, explosives, or other weapon on the premises.
- vi. Theft of property or willfully causing damage to, waste of, or loss of property.
- vii. Failure to submit to an alcohol/drug examination.
- viii. Absence from work for three (3) consecutive scheduled days without notifying appropriate supervisor during the absence for illness or accident preventing the employee from working (as evidenced by written certification of a medical doctor if requested by management), or other satisfactory reason for such absence, as determined by appropriate management, is job abandonment.
- ix. Violating ethics or laws of pharmacy practice
- x. Violations of patient boundaries, including violations of boundaries with patient family members. This includes but is not limited to acceptance of gifts, romantic or sexual relationships, business transactions and associations, accessing medical records of family or friends and failure to report suspected boundary issues.
- xi. Unauthorized possession or use of an intoxicant, hallucinogenic, or narcotic while on the premises.
- xii. Persistent failure to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.
- xiii. Performance that caused significant harm to a patient or a “near miss” situation that can not risk being repeated.
- ix. Failure to gain professional licensure by September 31st of resident year is grounds for dismissal from the program.

4. RECISSION DATE: March 2018

5. REFERENCES: Policy RI-09C

6. FOLLOW-UP RESPONSIBILITY: Clinical Pharmacy Program Manager/Residency Program Director

APPROVED:



Lawrence Patnaude, PharmD
Chief, Pharmacy Service

3/23/15
DATE

Requirements to Successfully Complete Minneapolis Veteran Affairs HCS PGY-1 Residency and earn PGY-1 Certificate.

The PGY1 Pharmacy Resident is expected to "Achieve" attainment of 80% of required Residency objectives. Any objectives not fully achieved must meet the "Satisfactory Progress" criteria. The Residency Advisory Committee (RAC) in conjunction with the Residency Program Director (RPD) and Chief, Pharmacy Service are responsible for ascertaining that all MVAHCS PGY-1 Residency graduates meet these requirements.

In the event that performance does not meet these expectations, the resident will be given ample opportunity to improve. Many goals are measured throughout the year allowing for repetition to strive to achieve the goal. The expectation is that residents will master some goals early in the year, and make satisfactory progress in the other goals (ex. Outcome R2 patient care related goals require repetition to develop knowledge, skills and abilities to achieve) throughout the year. A key to success is the gradual achievement in reaching these goals and continued progress in others. If a resident is having difficulty achieving a goal, required rotation(s) may be extended or additional time or rotations may be set up to concentrate on goal attainment. If the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not receive a certificate of completion from the residency program. If there are severe deficiencies or if no improvement occurs with feedback, the resident may be terminated prior to the end of the one year period in accordance with MVAHCS Pharmacy Policy M-36.

Overall Requirements to Successfully Complete Residency and Receive Residency Certificate:

- Meet all MVAHCS PGY1 Residency Requirements including achieving 80% of required objectives.
- A resident may receive a certificate of completion with up to 20% of objectives in the satisfactory progress range as long as the consensus of RAC Committee and preceptors is that the resident and RAC has developed a stepwise plan to assist the resident in achieving these goals in their next career endeavors.
 - In recognition that achievement of 100% of the objectives can be difficult for even a seasoned clinician (if evaluated in a candid sense), it will be judgment of the RAC and RPD that continued progress to the level expected of a resident graduate can occur as the resident continues to gain experience in areas marked as Satisfactory Progress
- Satisfactory completion of all rotations. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and RPD.
- Completion of and presentation of a major pharmacy project to a designated group [TBD].
- Completion of a 1st draft and final manuscript suitable for submission to a biomedical journal of the major project.
- Completion and presentation of a MUE or DUE to a multidisciplinary group (ex. P&T) or pharmacy staff meeting.
- Completion of assignments and projects as defined by the preceptors and RPD.
- Compliance with all institutional and departmental policies as well as expectations set forth in the MVAHCS Pharmacy Residency Program Manual.
- Attendance: The residency is a full-time temporary appointment of 1 year in duration. The resident is expected to be onsite for a minimum of 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time is expected to complete assignments and projects in a timely manner. When the resident will not be onsite, the RPD and preceptor must approve the time off and procedures for leave must be followed (please refer to MVAHCS Pharmacy Policy M-18)

Profiles of Current Residents

PGY-1 General Pharmacy Practice Residents

Randa Fahim, Pharm. D., completed her Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy in the Twin Cities. Prior to pharmacy school, she received her Bachelor of Arts degree in physiology also at the U of M Twin Cities campus. During her time as a pharmacy student, Randa was involved in different student-run volunteer organizations and was a pharmacy intern at the Fairview University Discharge Pharmacy. Her professional interests include internal medicine, geriatrics, critical care, ambulatory care, and cardiology. Outside of work, Randa loves to travel as much as possible, read, be with her dog, Tebow, and spend time with family and friends.

PGY-1 Project: Assessing inpatient fluoroquinolone use and viable alternatives in the treatment of infections at the Minneapolis VA

Lindsey Garner, Pharm. D., completed a six-year program and graduated with her Doctor of Pharmacy and Master of Business Administration from Drake University in Des Moines, IA. As a pharmacy student, Lindsey was involved with Kappa Psi Pharmaceutical fraternity, ASHP, SCCP, and Iowa Pharmacy Association. She continues to be an active member of Kappa Psi Pharmaceutical Fraternity, currently serving on an international risk management committee. Professionally, Lindsey is interested in geriatrics and psychiatric pharmacy, and hopes to pursue a PGY-2 in psychiatric pharmacy next year. Outside of work, Lindsey enjoys traveling, spending time with family (especially her niece), watching soccer, running, and watching Netflix.

PGY-1 Project: Implementing a pharmacy presence in the MVAHCS Care In The Community Transitional Care Team

Travis Liebhard, Pharm.D., completed his Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy in the Twin Cities. Prior to pharmacy school, he received a Bachelor of Science degree in Human Biology at Minnesota State University, Mankato. As a pharmacy student, Travis was involved in various organizations such as Minnesota Pharmacy Student Alliance and Phi Delta Chi, while he also worked as a pharmacy intern at Hennepin County Medical Center. His professional interests include cardiology, ambulatory care, critical care, and infectious disease. Outside of the pharmacy world, Travis enjoys spending time with his wife, family and friends either fishing, camping, or doing anything outdoors. He also loves playing in any sport that he possibly can and is a diehard Vikings fan.

PGY-1 Project: Use of Guideline-Directed Medical Therapies for Heart Failure Reduced Ejection Fraction at the Minneapolis Veterans Affairs Medical Center

Profiles of Current Residents

PGY-1 Rural Practice Resident

Ashley Lane, Pharm. D. completed her Doctor of Pharmacy degree at the University of Saint Joseph School of Pharmacy in Hartford, CT. Prior to pharmacy school, Ashley received her Bachelor of Science degree in Biochemistry and Molecular Biology at North Dakota State University. As a pharmacy student, Ashley acted as vice president for NCPA. Her professional interests include ambulatory care, opioid education, and emergency medicine. Outside of pharmacy, Ashley enjoys hunting, fishing, exploring the outdoors, and spending time with family and friends.

PGY-1 Project: Assessing PEG scores during pharmacist opioid tapering

PGY-1 Mental Health Resident

Martin Bloch, Pharm. D. completed the Doctor of Pharmacy program at the University of Minnesota College of Pharmacy. As a student pharmacist, Martin worked as Historian of the Rho Chi Society and provided a variety of tutoring services for other pharmacy students. During school, Martin also worked as a pharmacy intern at the Minneapolis VA. His professional interests include education, pharmacogenomics, and mental health, and he plans to pursue a PGY-2 in psychiatric pharmacy. Martin enjoys cooking new foods, travelling, and playing complex nerdy board games.

PGY-1 Project: Implementation of a new outpatient insomnia order set to reduce the use of benzodiazepines as insomnia therapy

PGY-2 Psychiatric Pharmacy Practice Resident

Erica Dimitropoulos, Pharm. D. completed the six-year Doctor of Pharmacy program with a minor in business administration at St. John's University in Queens, NY. Throughout pharmacy school, Erica most enjoyed medical writing; she was the editor of her college's professional pharmacy newsletter, and seized publication opportunities on both a local and national level. In addition, she also held various leadership positions in Rho Chi, Phi Lambda Sigma, and Lambda Kappa Sigma. Her professional interests include mental health, specifically anxiety and mood disorders, and she plans to pursue a PGY-2 in psychiatric pharmacy. In her spare time, she enjoys exploring the Midwest and experiencing all that her new home city has to offer!

PGY-2 Project: Concomitant use of long-acting injectable and oral antipsychotics at a major Veteran's Affairs hospital

Profiles of Selected Faculty

Program Directors

Jennifer A. Bolduc, Pharm. D., BCACP serves as the Ambulatory Care Clinical Pharmacy Program Manager, the PGY-1 Residency Program Director and the Education Program Manager at the Department of Minneapolis VA Health Care System (MVAHCS). Her role includes guiding the expansion of ambulatory care clinical pharmacy services and educational opportunities for pharmacy practice learners and pharmacy staff. She received her Doctor of Pharmacy degree in 2006 from the University of Minnesota College Of Pharmacy. She then completed a PGY-1 Pharmacy Residency from the MVHAHCS. She remained with the MVAHCS to develop her practice as the Ambulatory Care Clinical Pharmacy Specialist with a primary focus in Women's Health, Tobacco Cessation and Interprofessional Education. There she served as the MVAHCS pharmacy champion for the VA's patient centered medical home model called, Patient Aligned Care Team (PACT). Her role as PACT pharmacy champion spotlighted the potential for advanced pharmaceutical care services and allowed for the expansion of collaborative practice agreements at the MVAHCS. Her vision includes maximizing ambulatory care medication therapy services to ensure optimized medication use, striving to optimize the license of all pharmacy employees and ensuring all pharmacy trainees and pharmacy technicians are activated to their fullest potential.

Kara Wong, Pharm. D., BCPP is the inpatient mental health clinical pharmacist and the PGY-2 psychiatric pharmacy program coordinator at the Minneapolis Veterans Affairs Health Care System. Dr. Wong is actively involved in the College of Psychiatric & Neurologic Pharmacists, and has served on the Business Development Committee (2012-2013), the Publications and Online Products Committee (2013-2014), and the Psychiatric Pharmacotherapy Review Course Medication Table Editorial Board (Present). Prior to accepting her current position, she was the inpatient mental health clinical pharmacist on the mood disorders/ general adult psychiatric unit at Western Psychiatric Institute and Clinic of the University of Pittsburgh Medical Center, and Adjunct Instructor in Pharmacy and Therapeutics at the University of Pittsburgh School of Pharmacy. She received her Doctor of Pharmacy degree from the University of Wisconsin-Madison School of Pharmacy, and completed her PGY-1 pharmacy practice residency at the Veterans Affairs Puget Sound Health Care System in Seattle, WA and her PGY-2 psychiatric pharmacy at Center for Behavioral Medicine in Kansas City, MO.

Profiles of Selected Faculty

Preceptors

Melissa Atwood, Pharm. D., BCPS, CDE, BCACP is an Ambulatory Care Pharmacist who serves as the Minneapolis Site Coordinator for the Rural Health Ambulatory Care PGY1 program, coordinator for the longitudinal case management rotation and preceptor in the ambulatory care rotation. She is a Clinical Assistant Professor for the University of Minnesota College of Pharmacy. She received her Pharm. D. degree from the University of Minnesota and completed a residency with the University of Minnesota and Ridgeview Medical center. In addition to precepting residents, she also precepts APPE students. Her interest/practice areas include diabetes, rheumatology, nephrology and primary care. Her research interests are in new practice models and interprofessional care.

Jeremy T. Boehme, Pharm. D., BCACP is a clinical pharmacy specialist and one of the site coordinators for the Rice Lake Rural Health/Ambulatory care track PGY-1 program. Jeremy graduated from Idaho State University College of Pharmacy, and worked in a community based retail clinic in rural Idaho. He completed his ambulatory care focused PGY-1 residency at the Lincoln, NE VA clinic, and during his residency his research focused on immunization effectiveness for healthcare workers. Jeremy is an active member of the American Society of Health-System Pharmacists (ASHP), and he is interested in academics, teaching, and student and resident training. During his residency he completed a teaching certificate, and also taught in the academic skills lab at Creighton University. His continued interests include diabetes, immunization, ambulatory care medicine, and integrating clinical pharmacy into the pharmacy patient-aligned care team (PACT).

Amanda Boese, Pharm.D., BCPS is a staffing preceptor for the MVAHCS PGY-1 residency program. She graduated from North Dakota State University in 2012, then completed a general PGY-1 residency within the Mayo Clinic Health System. Upon completion of residency, she accepted a position as a clinical rotating pharmacist at the Minneapolis VA. She continues to serve in this role, covering outpatient, inpatient, PACT, and investigational areas. She serves on the Residency Advisory Committee and contributes to several subcommittees. In her free time, she enjoys home improvement, trying new foods, and spoiling her dog.

Lindsey Chezik, Pharm. D., BCACP is an Ambulatory Care Pharmacist for three primary care Patient Aligned Care Teams (PACT) at the Minneapolis VA Medical Center. She received her Pharm. D. from the University of Minnesota Duluth and completed a Pharmacy Practice Residency at the Minneapolis VA. She serves as a preceptor for the ambulatory care rotations for 4th year APPE students and for PGY1 Pharmacy Residents. She is also one of the primary providers involved in a tobacco cessation shared medical appointment at the Minneapolis VA. Her clinical practice interests include diabetes, gout, pain management, medication therapy management, and an interdisciplinary approach to primary care.

Profiles of Selected Faculty

Megan Clairmont, Pharm. D., BCPS is an Oncology Clinical Pharmacist and preceptor for PGY-1 oncology elective. She received her Pharm. D. from the University of Minnesota Duluth College of Pharmacy and completed a PGY-1 residency at the Minneapolis VA. She works closely with members of the oncology team to provide safe and comprehensive care for patients with hematologic and oncologic disorders. Her personal interests include traveling, cooking, playing softball, and being outdoors.

Vinh Dao, Pharm. D., BCPS is an Inpatient Clinical Pharmacist working with the Physical Medicine & Rehab TBI/Polytrauma/Stroke inpatient teams. He received his Pharm. D. from the University of Minnesota-Twin Cities. After starting as a rotational staff pharmacist at the Minneapolis VA, he moved into his current position, where he has practiced since 2009. He has been a faculty teacher with the Twin Cities Health Professionals Education Consortium since 2010. His hobbies include sports, watching movies, and saltwater aquariums.

Lisa Drogemuller, RPh. BCPP is the outpatient mental health clinical pharmacist specialist, and the preceptor for longitudinal and block rotations centered on SMI team for both PGY-2 psychiatric pharmacy resident and PGY-1 pharmacy residents. She graduated from the University of Minnesota School of Pharmacy in 1988 and has spent her entire professional career at Minneapolis Veterans Affairs Health Care System. She began as a staff pharmacist, and was given opportunity to initiate and develop clinical pharmacy services in mental health at this facility which evolved into current role specialized in outpatient psychiatry from 1997 to the present. She initially became board certified in psychiatry in 1998 and has maintained certification to date. She has collaborative practice agreements with several psychiatrists and manages clinical care for over 200 psychiatric patients. She was involved in grant writing proposal for current PGY-2 and PGY-1 psychiatric pharmacy residencies, and has a passion for patient-centered care provided in the interprofessional model that is the core of her training rotations.

Lauren Estkowski, Pharm.D. is the Antimicrobial Stewardship Pharmacy Program Manager and the preceptor for the elective PGY1 Antimicrobial Stewardship/Inpatient ID Rotation at the MVAHCS. Lauren graduated from Purdue University College of Pharmacy in 2012 and completed a PGY1 residency at Indiana University Health. She went on to complete a PGY2 residency in Infectious Diseases at IU Health as the chief pharmacy resident. She worked as a rotational pharmacist for two years prior to developing the antimicrobial stewardship program at the MVAHCS. Lauren's clinical interests include pharmacokinetics and pharmacodynamics, antimicrobial resistance, and HIV management. Outside of work, she enjoys cooking, crafting, and anything outdoors!

Profiles of Selected Faculty

Eric Geurkink, Pharm. D., BCPS, BCPP, MBA is the Associate Chief of Pharmacy. He graduated from the University Of Wisconsin School Of Pharmacy in 1999, and then completed a post- graduate year one residency with Medicine Shoppe and the University of Wisconsin. From 2000 to 2001 he was Managing Pharmacist of ThedaCare Pharmacy in Shawano, Wisconsin. He came to the Minneapolis VAMC as a staff pharmacist in June 2001. At the Minneapolis VA he has held various positions, including inpatient clinical pharmacist, antimicrobial computer decision support pharmacist, spinal cord injury unit inpatient pharmacist, and since 2011 has been Associate Chief of Pharmacy. He received his MBA from the University of Minnesota in 2010. He is board certified in pharmacotherapy and psychiatric pharmacy. His chief interests are pharmacy practice model advancement, maximizing use of technicians and automation, documenting value of clinical pharmacist services, and integrating student and resident pharmacists into pharmacy practice.

Anthony Gilles, Pharm. D graduated from the University of Minnesota in 1995 and then completed a general pharmacy practice residency at the Tucson VA Medical Center. After several years as a long-term care pharmacy consultant, Tony returned to VA practice in 2003 and has been the clinical pharmacist for Home & Community Care since 2005. He has obtained a certification in Geriatrics and enjoys being part of the Home-Based Primary Care interdisciplinary team.

Susan Jacobson, RPh. is the Inpatient Pharmacy Supervisor. She coordinates centralized inpatient pharmacy training and precepting of residents and students. She graduated from South Dakota State University. She started as a rotational pharmacist as the Minneapolis VA, then became an Inpatient Clinical Specialist. She has also worked in the Community Living Center and warfarin clinic. She has been an active member in the Minneapolis VA P&T Committee, VISN 23 P&T Committee, Pharmacy Advisory Board, and National VA Council Hybrid Title 38 Collaboration Team. In 2013, she became the Inpatient Pharmacy Supervisor, where she works to oversee inpatient pharmacy operations. She enjoys teaching and has interests in patient safety and IV automation. Her personal interests include gardening, horseback riding, skiing, and traveling.

Elzie 'EJ' Jones, Pharm. D. is an Ambulatory Care Clinical Pharmacy Specialist and Primary Care Pain Management Pharmacist at the MVAHCS. He obtained his Pharm. D. from North Dakota State University and completed a PGY1 Residency at the VA Medical Center in Denver, CO. His previous appointments include being an Ambulatory Care Clinical Specialist at the Puget Sound VA Medical Center and being an Ambulatory Care and Anticoagulation Specialist at the Portland, OR VA Medical Center. His clinical interests are Ambulatory Care and Pain Management. He is the winner of the 2013 VISN 23 Network Star Award and his personal interests include family, hiking, biking, cooking, sports, and live music.

Profiles of Selected Faculty

Tessa Kemp, Pharm, D. is an Ambulatory Care Pharmacist who serves as a preceptor for the PGY-1 longitudinal case management rotation, for the PGY-1 ambulatory care rotation and for the PGY-2 longitudinal geropsychiatry rotation. She received her Pharm. D. degree from the University of Minnesota and completed a PGY-1 residency with the Minneapolis VA Health Care System with a focus in geriatrics. In addition to precepting residents, she precepts APPE students and assists in coordinating student activities. Her interest/practice areas include mental health, diabetes, insomnia, and primary care. Her research interests are in new practice models, interprofessional care, and transitions in care.

Stephanie Loegering, Pharm. D. is the preceptor for the Geriatrics experience at the Minneapolis VA Medical Center. She graduated from the University of Minnesota, Twin Cities in 2004 and completed a yearlong residency at the Minneapolis VA focused on Geriatrics. Since that time, she has worked as a staff pharmacist and more currently as a clinical pharmacist on the Community Living Center and in the Geriatric Research Education Clinical Center (GRECC). She has obtained her certification in Geriatrics and continues to provide clinical rotations to students and residents.

Rebecca Marraffa, Pharm. D., BCPS is an Ambulatory Care Clinical Pharmacist in the Academic PACT (Patient Aligned Care Team) at the Minneapolis VA Medical Center. She received her Pharm. D. degree from the University of Minnesota and completed a Pharmacy Practice Residency at the Minneapolis VA. Following completion of her residency, she worked in ambulatory care at Memorial Hermann – Texas Medical Center in Houston, specializing in anticoagulation management. Now back at the Minneapolis VA, she works closely with medical resident physicians within the Academic PACT, and precepts pharmacy students and PGY-1 residents in longitudinal case management and ambulatory care rotations. Her clinical practice interests include diabetes management, tobacco cessation, and an interdisciplinary approach to primary care.

Todd Naidl, Pharm. D., BCPS is an Ambulatory Care Clinical Pharmacist working in one of our primary care clinics with three Patient Aligned Care Teams (PACT). He received his Pharm. D. from the University of Minnesota-Twin Cities. After working several years as a rotational staff pharmacist at the Minneapolis VA, he moved into his current position, where he has practiced since 2005. He has been a faculty teacher with the Twin Cities Health Professionals Education Consortium since 2006. In 2009, he was awarded the Civil Servant of the Year award. His clinical practice interests include pain, comprehensive medication management, tobacco cessation, and holistic and integrative medicine. He enjoys spending time outdoors with his friends and family.

Profiles of Selected Faculty

Anna Sciegenka, PharmD, BCPS is a rotational staff pharmacist and preceptor for the outpatient pharmacy staffing experience of the PGY-1 residency program. She graduated from the University of Iowa in 2013 and completed a PGY-1 pharmacy practice residency at the Iowa City VA. After residency, she moved to the Twin Cities and joined the Minneapolis VA Pharmacy family in 2014. During her time at the Minneapolis VA, she has involved herself in many “Shenanigans” – a nickname lovingly given to her by her coworkers – including party planning for the department. In her free time, Anna can be found playing with, training, or cleaning up after her puppy, Piper.

Kellianne Tang, Pharm.D., BCPS is a rotational pharmacist and preceptor for the inpatient staffing component of the PGY-1 residency. She graduated in 2008 from the University of Georgia and went on to complete a pharmacy practice residency at the Medical University of South Carolina. Following residency, she stayed at MUSC and worked on the inpatient hematology/oncology team before coming to the Minneapolis VA in 2013. Her personal interests include avoiding cold weather and watching Netflix with her awesome dog, Maddie.

Joey Thorson, Pharm. D., BCPS is an Inpatient Clinical Pharmacist and the Staffing Preceptor for the MVAHCS PGY-1 Residency. He graduated from the University of Minnesota-Duluth and completed PGY-1 Residency. He previously was a rotational staff pharmacist and inpatient float pharmacist at the Minneapolis VA. His clinical interests include internal medicine, anticoagulation, and infectious disease. His personal interests include enjoying time his family, golfing, biking, and traveling.

Elizabeth Welch, Pharm. D., BCACP is the clinical pharmacy specialist at the Maplewood VA Community Based Outpatient Clinic in Maplewood, MN. She received her Pharm.D. degree from the University of Minnesota Twin Cities and completed a PGY-1 residency at the Minneapolis VA Health Care System following graduation. After rotating as a clinical staff pharmacist for 3 years, Elizabeth made the transition to the Maplewood VA CBOC as their first CPS. Her clinical interests include medication therapy management and integration of the entire PACT team to help care for veterans. Outside of work Elizabeth enjoys staying active, scrapbooking, cooking and trying new restaurants.

Carrie Wenner, Pharm. D. is the preceptor for the Critical Care and Advanced Critical Care experiences for the PGY-1 general and mental health residents. She graduated from North Dakota State University College of Pharmacy. After graduation, she completed a General Practice Pharmacy Residency at the Minneapolis Veteran Affairs Medical Center. She worked at United Hospital in St Paul, MN as clinical specialist in ICU/Heart-Lung areas for 4 years prior to coming back to the VA Medical center to be a critical care specialist. She holds a Clinical Instructor appointment through the University of Minnesota College of Pharmacy.

Frequently Asked Questions

1. Where is the Minneapolis VA Hospital Located?

Our address is One Veterans Drive, Minneapolis, MN 55417. We are located a few blocks west of the Mississippi River and conveniently on both the light rail and bus lines. (Intersection of MN HWY 55 and 62, just north of the MPLS/St. Paul Airport and Mall of America). Free on-site parking is available.

2. What is the purpose statement of the pharmacy residency program?

- A. PGY-1 Pharmacy Residency: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.
- B. PGY-2 Psychiatric Pharmacy Residency: The purpose of this PGY-2 residency program is to produce a psychiatric pharmacist who functions as a practice leader and focuses on patient centered care through interdisciplinary team development, education, and medication therapy optimization. Experiences are offered across a variety of care settings, and graduates of the MVAHCS psychiatric care residency program will be highly qualified independent practitioners able to excel at providing adult inpatient and ambulatory care psychiatric services.

3. Is the residency program ASHP accredited?

Our PGY-1 Pharmacy Residency has been accredited since 1963 and is recognized as 1 of 12 original ASHP accredited pharmacy program sites. Our PGY-1 Mental Health track is a component of our PGY-1 Pharmacy Residency program and thus is accredited. Our PGY-1 Ambulatory Care/Rural Health program has been accredited since 2011 (Est. 2010). Our PGY-2 Psychiatric Pharmacy position has been accredited since 2013 (Est. 2013).

4. How does the PGY-1 Mental Health Track differ from the PGY-1 General Residency?

The PGY-1 Pharmacy Resident with the Mental Health track completes the same core rotations as the PGY-1 Pharmacy Residents but the resident selects mental health focused electives. Throughout the year, the resident works closely with the PGY-2 Psychiatric Pharmacy Resident as well as Mental Health services through an interprofessional education-based curriculum.

Frequently Asked Questions

5. How many residents are recruited?

A total of 6 residents: We are currently recruiting four PGY-1 residents (one with the Mental Health track), one PGY-1 rural health/ambulatory care resident, and one PGY-2 Psychiatric Pharmacy resident.

6. What are the pharmacy residency application requirements and how do I apply?

We Utilize PhORCAS for the application process

- A. Register with ASHP Resident Matching Program
- B. Doctor of Pharmacy degree from an ACPE accredited school of pharmacy
- C. U.S. citizenship
- D. Pharmacy licensure or test eligible

8. What benefits are residents eligible for?

- A. Health insurance, life insurance, dental insurance, vision insurance
- B. Residents accrue 4 hours of sick leave and 4 hours of vacation each 2 week pay period
- C. Residents are not scheduled to work on federal holidays
- D. Travel and registration reimbursement may be provided for national and local meetings
- E. Rice Lake PGY1: Housing is supported in Rice Lake, WI.

9. What is the resident stipend?

- A. PGY-1 Resident: \$43,668
- B. PGY-2 Resident: \$47,307

10. Does the Minneapolis VAHCS interview interested candidates?

Yes. After all applications are received, we carefully review the submissions and contact a selection of candidates for an onsite interview.

11. Are site tours offered before interview?

Yes! We believe if you are unable to complete rotations at our facility as a student, it is important to visit our facility before applying. We will be offering two scheduled tour dates, one in the Fall and one in the Winter. If you are interested in scheduling a tour, please contact PGY-1 Residents.

12. Does the Minneapolis VAHCS pharmacy residency program participate in the match?

Yes.

13. Are residents able to complete rotations at other sites?

Due to the structure and funding of our residency program, we are unable to offer rotations offsite. However, we do our best to accommodate residents with specific goals and desired experiences during their elective rotations and through focused longitudinal experiences.

Frequently Asked Questions

14. Is BLS/ACLS mandatory?

All residents will undergo BLS/ACLS training as part of residency orientation.

15. What is the staffing requirement?

PGY-1 Pharmacy Residents traditionally have been required to staff inpatient 1 out of every 4 weekends and 1 evening shift every 4 weeks. The PGY-1 Rural Health/ Ambulatory Care Resident performs their staffing duty with the outpatient pharmacy on a custom schedule.

Staffing requirements may adjust based on departmental needs or quality improvement initiatives. Any staffing modifications will be bound by the ASHP Pharmacy Specific Duty Hours Requirements:

<http://www.ashp.org/DocLibrary/Accreditation/Regulations-Standards/Duty-Hours.aspx>

Frequently Asked Questions

17. What are some of your past residents doing now?

Year	Name	Program	Position
2006-2007	Jennifer Bolduc	PGY-1	Clinical Pharmacy Program Manager Residency Program Director, MVAHCS
	Inna Rubinshteyn	PGY-1	Inpatient Clinical Pharmacist, Surgery, MVAHCS
	Daniel Mansour	PGY-1 Geriatrics	Relocation to Maryland: Works with HIV population
2007-2008	Lindsey Bervig	PGY-1	Staff Clinical Pharmacist, MVAHCS
	Grace Kim	PGY-1	Relocation to Seattle, WA, Clinical Pharmacist
2008-2009	Jocelyn Mohs	PGY-1	PGY-2 in Oncology, Fairview Oncology Clinical Pharmacy Specialist, St. Cloud VAMC
	Meredith Eilertson	PGY-1	Clinical Pharmacist in Cardiology, Mayo Clinic
	Rebecca Marraffa	PGY-1 Geriatrics	Ambulatory Care Clinical Pharmacy Specialist, MVACHS
2009-2010	Joey Thorson	PGY-1	Inpatient Clinical Pharmacist, MVAHCS
	Elizabeth Welch	PGY-1	Ambulatory Care Clinical Pharmacist Specialist, Maplewood CBOC, MVAHCS
	Kate Hansen	PGY-1	Clinical Pharmacist Providence Health & Services – Oregon Regional, Portland, OR
2010-2011	Preethi Krishnan	PGY-1	Prime Therapeutics PBM, Eagan, MN
	Beth Kaufman	PGY-1	Clinical Pharmacist - Research, MVAHCS
	Megan Clairmont	PGY-1	Oncology Clinical Pharmacist, MVAHCS
	Jema Marsolek	PGY-1 Rural Health/Ambulatory	Clinical Pharmacist, West Los Angeles VAMC
2011-2012	Amita Shenai	PGY-1	Outpatient Staff Clinical Pharmacist, Phoenix VAMC
	Lindsey Chezik	PGY-1	Ambulatory Clinical Pharmacy Specialist, MVAHCS
	Amy Leuthner	PGY-1 Rural Health/Ambulatory	Clinical Pharmacy Specialist, Brainerd CBOC , St. Cloud VAMC
	Duyen Truong	PGY-1	Clinical Pharmacist, Regions Hospital, St. Paul, MN
2012-2013	Jacob Held	PGY-1 (2012-2013) PGY-2 (2013-2014)	PGY-2 Psychiatric Pharmacy, MVAHCS Inpatient Psychiatric Pharmacist, Regions Hospital
	Lisa Samaroo	PGY-1	Staff Clinical Pharmacist, MVAHCS
	Michael Macmillan	PGY-1 Rural Health/Ambulatory	Acting Outpatient Supervisor, LA VAHCS
	Andyrose Fernandes-Reese	PGY-1	Ambulatory Clinical Pharmacy Specialist, MVAHCSs
2013-2014	Nicholas O'Rourke	PGY-1	Inpatient Clinical Pharmacist, Mayo Health Care Systems
	Samantha Bartusek	PGY-1	Staff Clinical Pharmacist, Fairview Health Systems Ridges
	Lindsey Hall	PGY-1 Mental Health	Clinical Pharmacist, Medication Management Services
	Rachelle Kunde	PGY-1 Rural Health/Ambulatory	Clinical Pharmacist, Marshall Regional Medical Center

Frequently Asked Questions

2014-2015	Carrie Albrecht	PGY-1	Evening Staff Pharmacist, Allina, MN
	Sara Bellefeuille	PGY-1	Anticoagulation Clinical Pharmacist, MVAHCS
	Kori Berg	PGY-1	PGY-2 Administration Pharmacy Resident, Palo Alto VA
	Van Nguyen	PGY-1 Mental Health	PGY-2 Psychiatry Resident, South Texas VA
	Chris Ploenzke	PGY-1 Rural Health/Ambulatory	Ambulatory Clinical Pharmacist, Chippewa Falls VA CBOC
	Amy Sams	PGY-2 Psychiatry	Psychiatric Pharmacist, North Memorial Hospital, MN
2015-2016	Amy Awker	PGY-1	Rotational Staff Pharmacist, MVAHCS
	Sara Schroedl	PGY-1	PGY-2 Psychiatry Resident, Reno VA
	Jake Schultz	PGY-1	Admit/Discharge Clinical Pharmacist, MVAHCS
	Erica Dimitropoulos	PGY-1 Mental Health	PGY-2 Psychiatry Resident, MVAHCS
	Emily Mattson	PGY-1 Rural Health/Ambulatory	Outpatient Clinical Pharmacist, Black Hills VA
	Kristen Neumeister	PGY-2 Psychiatry	Inpatient Psychiatric Pharmacist, John Peter Smith hospital Fort Worth, TX

16. Who are the current residents and may I contact them with questions?

Our current residents will be happy to help answer any questions you might have!

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Frequently Asked Questions

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Erica Dimitropoulos, Pharm.D.

Psychiatric Pharmacy PGY-2

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